

Maricopa County
Solid Waste Management Dept.
2901 W. Durango Street
Phoenix, Arizona 85009
602-506-4006

WASTE TIRE DISPOSAL MANIFEST

PLEASE USE BLUE OR BLACK INK AND PRESS FIRMLY

**G
E
N
E
R
A
T
O
R**

Generator Name Contact Person Phone Number

Generator Address (Include street, city and zip)

Sales Tax ID # _____

Number of waste tires : _____ Type: Passenger Truck OTR Other _____ (Please circle one)

I certify that these waste tires have been generated within Maricopa County.

Signature Print Name Date

=====

Company Name Contact Person Phone Number

**H
A
U
L
E
R**

Hauler Address (Include street, city and zip)

Vehicle Make: _____ License Number: _____ State: _____

Driver's Name: _____ Driver's License Number: _____

I certify that the waste tires I have removed from the above noted Waste Tire Generator, will be
transported to a Maricopa County Waste Tire Collection Site.

Signature Print Name Date

=====

Site Location: _____ NW _____ QC _____ Other _____

Date: _____ Time: _____ AM/PM

Number of Tires: Passenger _____

Truck _____

Net Weight: _____ Tons

OTR _____

TOTAL _____

**W
T
C
S**

Signature Print Name